



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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Delaware Board of Plumbing Examiners

Verification of License or Statement of Good Standing

THIS SECTION TO BE COMPLETED BY APPLICANT (Duplicate form as needed)

Applicant's Name: _____ Social Security Number: _____

Address: _____
(City) (State) (Zip)

State of Licensure: _____ License Number: _____

THIS SECTION TO BE COMPLETED BY LICENSURE BOARD

Name of Licensing Agency _____

Address _____
(City) (State) (Zip Code)

A. The applicant is licensed to practice as a (actual license title) _____
in the State of _____.

B. Has any disciplinary action been taken against this license, or are there any unresolved disciplinary actions or complaints pending against this applicant? Yes _____ No _____

If the answer is 'yes', please provide the documentation of any Board action for review by the Delaware Board of Plumbing Examiners.

C. License Number _____ Original Issue Date _____ Expiration Date _____

Signature

Date

Title

Board Seal